

Rec'd PCT/R

18 APR 2005

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531854

FILING DATE

APPLICANT(S)

725-06

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		—	—		
2	1		1			
3	1		1			
4		3		2		
5		2		1		
6		1		1		
7	1		—	—		
8		1	—	—		
9		1	—	—		
10		3	—	—		
11		3	—	—		
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TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	14	←	7	←		←
TOTAL CLAIMS	18		6			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						